A Phenomenological Analysis of Symptoms in Obsessive Compulsive Neurosis

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A Phenomenological Analysis of Symptoms in Obsessive-Compulsive Neurosis

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Summary. Eighty-two obsessional neurotics were studied from a phenomenological point of view in order to delineate the various forms and contents of obsessions and compulsions. An attempt was made to ascertain the frequency with which the different forms and content occur and their effect on the final outcome of the disorder. Five types of obsessions were identified: doubts, obsessive thinking, fears, impulses, and images, in order of frequency of their occurrence. Compulsive acts could be classified in two types, depending on whether they yielded to or diverted the underlying obsession. One-fourth of the patients displayed no compulsions. The content of obsession could be classified in five broad categories as relating to: dirt and contamination, aggression, inanimate-impersonal themes, religion, and sexual matters, in order of the frequency of their occurrence. The paper, while offering an interpretation of these findings, emphasizes the part played by socio-cultural factors in the character of an obsession's thought content.

The absence of compulsions was found to be associated with good prognosis. A downward gradient was noted in the final outcome of patients without compulsions, those with controlling compulsions alone, those with both varieties of compulsions, and those displaying yielding compulsions alone, in that order. Based on this observation the paper suggests a prognosis-related hierarchical continuum of the severity of obsessional disorder.

Introduction

The form and content of symptoms in obsessional neurosis and their significance to prognosis have never been systematically studied (Goodwin *et al.*, 1969). Many investigators (Janet, 1908; Pitres and Régis, 1922; Ziehen, 1926; Lewis, 1936, 1957) have tried to delineate the diverse *forms* of obsessions and compulsions. It has become customary for psychiatrists to speak of obsessive doubts, fears, impulses, etc., in the absence of operational definition of these terms, which have so often been used interchangeably as to lose significance.

The *content* of obsessions has been studied in three ways. The first approach flourished under the influence of early French and German authors and relied upon separately labelling each mental content associated with obsession. The second, inherent in psychoanalytic literature (Fenichel, 1945), stressed what might be 'behind' clinically manifest symptoms. A highly subjective third approach appears in the classification of obsessive thoughts into categories such as 'improbable', 'unimportant', and 'hard for others to understand' (Walker, 1973) or into 'normal' and 'bizarre' (Capstick and Seldrup, 1973). None of these approaches is altogether satisfactory for the purposes of descriptive psychiatry.

The prognostic significance of phenomenology is also unclear. Lewis (1936) concluded that it was 'doubtful whether the content of obsessions

is of much consequence as a prognostic signal', but this observation was not based on clinical data. A study of the various forms and contents of obsessions and compulsions thus seemed warranted, along with a consideration of the frequency with which these occur in a group of obsessional neurotics.

Methods

The present study was conducted at the psychiatric clinic of the Institute of Postgraduate Medical Education and Research at Chandigarh, India. The operational definitions, adopted for this investigation, were:

(1) *Obsessive-compulsive neurosis:* a condition characterized by psychic distress and social embarrassment because of 'obsessions' and 'compulsions' not attributable to some other psychiatric disorder.

(2) *Obsession:* an anxiety-provoking psychic phenomenon that recurs in spite of the patient's resisting it and regarding it as alien to himself and, at times, clearly absurd.

(3) *Compulsion:* a reluctantly performed voluntary act that temporarily reduces the anxiety aroused by an obsession.

Eighty-two patients with obsessional neurosis were studied, and information was collected from each in semi-structured personal interviews. Seventy-six were interviewed independently by at least two psychiatrists on the team; the remaining six, who lived remotely and had to be visited at home, were interviewed by the senior author only. Verbatim records preserved the precise language each patient used to describe his symptoms, and the relationship of compulsive behaviour to the underlying obsession was also recorded. These protocols of symptomatology were discussed at the study group's bi-weekly meetings, and the presence of various forms and contents of obsessions and compulsions were noted.

Forty-four of the sample of 82 had been registered in the clinic for at least two years before the study began. They were rated as 'improved' (N = 27) or 'unimproved' (N = 17) by consensus among the investigators, who used criteria mentioned elsewhere (Akhtar, 1974). The mean duration of follow-up was 5·5 years, the range 2–9. The two groups did not differ significantly from one another on the variables of age, sex, religion, locality, IQ, social class, age at the onset of illness, course of illness, family size, birth order, and genetic load of psychiatric illness (Akhtar, 1974). They were compared in respect to their phenomenological characteristics, and chi-squares were calculated to determine the significance of the differences.

The entire sample of 82 differed little from the catchment area's general population, with which comparisons were made on the variables of age, sex, religion, locality, and socio-economic status. Obsessionals, however, tended to belong to higher strata of society; the implications of this finding are discussed elsewhere (Akhtar, 1974).

Results

I. *Forms of obsessions and compulsions:*

(A) *Obsessions:* Six forms of obsessions were identified:

1. *Obsessive doubt:* An inclination not to believe that a completed task has been accomplished satisfactorily. (Each time he left his room a 28-year-old student began asking himself 'Did I lock the door? Am I sure?' in spite of a clear and accurate remembrance of having done so.)

2. *Obsessive thinking:* A seemingly endless thought chain, usually one pertaining to future events. (A 24-year-old pregnant Hindu girl tormented herself by thinking 'if my baby is a boy he might aspire to an academic career that would necessitate his going far away from me, but he might want to return to me and what would I do then, because if I . . .', and so on).

3. *Obsessive impulse:* A powerful urge to carry out actions which may be trivial or socially disruptive or even assaultive. (A 41-year-old lawyer was obsessed by what he understood to be the 'nonsensical notion' of drinking from his inkpot, but also by the serious urge to strangle an apparently beloved only son.)

4. *Obsessive fear:* A fear of losing self-control and thus inadvertently committing a socially embarrassing act. Unlike the obsessive impulse, there is no actual urge

involved here. Marks (1969) holds that these are 'fears about one's own feelings'. (A 32-year-old teacher was afraid that in the classroom he would refer to his unsatisfactory sexual relations with his wife, although he had no wish to do so.)

5. *Obsessive image:* The persistence before the mind's eye of something seen, usually recently. (A 47-year-old housewife kept 'seeing' a car's licence plate that had come to her attention. Another patient 'saw' her baby being flushed away in the toilet whenever she entered the bathroom.)

6. *Miscellaneous forms:* Phenomena obsessional in nature but unclassifiable in the above five categories. (A 23-year-old student could not rid her consciousness of a currently popular tune.)

(B) *Compulsions:* Two distinct categories were identified:

1. *Yielding compulsion:* A compulsive act that gives expression to the underlying obsessive urge. (A 29-year-old clerk had an obsessive doubt that he had an important document in one of his pockets. He knew that this was not true, but found himself compelled to check his pockets again and again.)

2. *Controlling compulsion:* A compulsive act that tends to divert the underlying obsession without giving expression to it. (A 16-year-old boy with incestuous impulses controlled the anxiety these aroused by repeatedly and loudly counting to ten.)

II. *Varieties of thought content:* Six broad categories were identified (Table I).

III. *Frequency distribution* of various forms and contents (Table II).

IV. *Relationship of phenomenology to final outcome:* Only one significant difference between the 'improved' and 'unimproved' groups when compared; the improved group had significantly more ($p < \cdot 01$) patients without compulsions (Table III).

Discussion

I. *Forms of obsessions and compulsions*

It should be noted that in the present study the more usual term 'obsessive rumination' has been discarded in favour of ***obsessive thinking.*** The repetition implicit in 'rumination' is characteristic of all subtypes of obsession and is not a specific attribute of this particular form. Further, the dictionary definition implies a volitional control that is absent in obsessive phenomena. The differences between ***obsessive***

Table I

Varieties of thought contents

Category	Foci of preoccupation
Dirt and contamination ..	Excreta, human or otherwise; dirt; dust; semen; menstrual blood; other excretion of body; germs; illness, especially syphilis, etc.
Aggression	Physical or verbal assault on self or others (includes suicidal and homicidal thoughts); accidents; mishaps; wars and natural calamities; and death.
Inanimate—impersonal ..	Mathematical figures and their totals; locks, bolts and other safety devices; orderliness in arrangements of any kind, e.g. books on the shelf, shirts in the dresser, etc.
Sex	Sexual advances towards oneself or others; incestuous impulses, genitalia of either sex; competence in sexual matters, etc.
Religion	Existence of God; validity of mythological stories; religious practices and festivals; attitudes towards certain deities, etc.
Miscellaneous	Unclassifiable in the above categories, e.g. human anatomy, historical facts, musical hits, etc.

TABLE II

Frequency of various forms and contents

Phenomenological aspects	N = 82	%
I. FORM		
(a) Obsessions		
Doubts	61	75
Thinking	28	34
Fears	21	26
Impulses	14	17
Images	6	7
Miscellaneous	2	2
(b) Compulsions		
Yielding compulsions alone	50	61
Controlling compulsions alone	5	6
Both	7	9
No compulsions	20	24
II. CONTENT		
Dirt and contamination	38	46
Aggression	24	29
Inanimate—impersonal	22	27
Religion	9	11
Sex	8	10
Miscellaneous	18	22
III. NUMBER		
(a) Obsessions		
Single	40	49
Multiple	42	51
(b) Compulsions		
Single	55	67
Multiple	7	9
None	20	24

fear and *phobia* lie not only in the association of the former with elaborate compulsions and magical thinking but also in its resistance to treatment by desensitization (Marks *et al.*, 1969), to which most phobias respond. *Obsessive impulses*, on the other hand, should be differentiated from certain 'compulsive' disorders. To view 'compulsive' gambling and kleptomania as obsessive phenomena (Salzman, 1968) seems incorrect. These impulses are readily yielded to and the activities indulged in are ego-syntonic and pleasurable. Obsessive impulses, on the contrary, are seldom acted upon (Lewis, 1936; Goodwin, Guze and Robins, 1969) since the acts required are invariably ego-alien and distressing. 'The more enjoyable the act, the less likely it is to be obsessional' (Lewis, 1936).

All five forms of obsession should, however, be viewed as quite independent of thought content. For example, a woman who worries about her child's safety might have an *obsessive doubt* (has something happened to him?) or an *obsessive fear* (something might happen to him because of my negligence), or an *obsessive image* (over and over 'I see him drowning!'), or *obsessional thinking* (if he plays outside he might catch a cold that might turn into pneumonia, and if that goes undiagnosed, then . . .) The forms differ from one another but seem to cut across the parameter of thought content.

The literature is somewhat clearer on the issue of compulsions. At least two investigators (Lewis, 1957; Nemiah, 1967) make a clear distinction between the two kinds of compulsive acts labelled in the present study *yielding* and

TABLE III

Phenomenology and final outcome in obsessive-compulsive neurosis

Phenomenological aspects	N = 44	Improved N = 27	Unimproved N = 17
I. FORM			
(a) Obsessions			
Doubt	36	21	15
Thinking	12	8	4
Fear	11	8	3
Impulse	5	5	0
Image	4	4	0
(b) Compulsions			
Yielding	30	15	15
Controlling	1	1	0
Both	3	2	1
II. CONTENT			
Dirt and contamination	26	17	9
Aggression	11	7	4
Inanimate—impersonal	10	7	3
Religion	4	3	1
Sex	2	1	1
III. NUMBER			
(a) Obsessions			
Single	18	8	10
Multiple	26	17	9
(b) Compulsions			
Single	31	16	15
Multiple	3	2	1
None	10	9*	1

* Significant at ·01 level.

controlling compulsions. Von Gebsattel (1938) used the latter term in a slightly different sense to describe the act itself without taking into account its relationship to underlying obsession.

II. *Thought content*

Almost all investigators of the clinical aspects of obsessional neurosis (Pollitt, 1957; Ingram, 1961; Kringlen, 1965; Lo, 1967) disregard this aspect of the disorder. Lewis (1936) is the only one to comment that he was 'impressed by the frequency with which filth, harm, sex or religion give content to the obsessional idea', an observation confirmed by the present study, which identified two other broad areas of thought content (Table I). Cross-cultural studies are required to determine whether these occur universally with similar frequency.

III. *Frequency distribution of various forms and contents*

The present study confirmed the impression evident in an earlier name for the disorder—*manie du doute*—that doubts are the 'most prominent feature' (Salzman, 1968) of obsessional neurosis. As many as 61 (74 per cent) of the patients displayed obsessive doubts (Table II). It is not easy to explain why doubts are the most usual form of obsession; this is possibly because they are already present as character traits in obsessive individuals (Lazare, Klerman, and Armor, 1966) and take precedence, should a decompensation resulting in a full-blown obsessional neurosis occur, over 'newer' obsessions like impulses, fears, images, etc. The relative rarity of certain forms of obsession is indeed puzzling.

Twenty (24·4 per cent) of the patients had no compulsions (Table II). The proximity of this number to the proportion of cases labelled 'phobic-ruminative' (Ingram, 1961; Lo, 1967) and 'obsessive-ruminative' (Dutta-Ray, 1964) in earlier studies is striking. It would appear that approximately one-fourth of obsessional neurotics do not display compulsions. The use of a separate label for such cases is of little value.

The observation that some kinds of thought content occur more frequently than others (Table II) raises certain questions, the most important being whether such frequency reflects cultural characteristics or an inherent function of the disease itself. We contend that a cultural basis affects the differences in the frequency with which various thought content occurs in a given group of obsessionals. The preponderance in this sample of obsessions concerning dirt and contamination seems due to the socio-cultural background of the patients involved, since Indians in general are preoccupied with matters of purity and cleanliness. The Hindu code of ethics provides a great variety of purification rituals; the 'celebration' in many Indian festivals consists of bathing in a certain way or at a certain place. The Scriptures regard the human body as basically dirty and an object of disgust, and the need for repeated cleansing of one's body is overemphasized. The society suffers from what Berkeley-Hill (1921) designated as a 'pollution-complex'. There can be no better evidence for this assumption than the presence of a social class of 'untouchables'. It did not, therefore, surprise us to note that many patients suffered from doubts and fears about the possibility of physical contact with beggars, sweepers, and other such people of lower caste.

The fact that few patients suffered from obsessions about sex and religion is also understandable in view of the cultural matrix from which their symptoms arose. Both religion and sex are subject in India to strong social taboos. It may be argued that the same subtle but forceful influences that eliminate these subjects from 'decent' conversation eliminate them also from *overt* psychopathology.

IV. *Prognostic significance of phenomenology*

Follow-up studies (Ingram, 1961; Lo, 1967) have indicated that 'phobic-ruminative' patients do better than 'obsessive-compulsives'. It is indeed tempting to equate the former with the obsessionals of the present series who displayed no compulsions and had a favourable prognosis (Table III). It must be emphasized, however, that none of our patients displayed prominent phobic features.

A closely related issue is that of ego-strength. Those who display no compulsions seem to tolerate their obsessive urges better and hence have greater ego-strength than those who are obliged to perform some kind of compulsive act. In turn, those who display controlling compulsions seem to have greater ego-strength than those who display compulsions that actually manifest underlying obsessions. Patients who perform both kinds of compulsive acts belong between those having only one type. The four types of patients can therefore be placed on a hierarchical continuum of ego-strength, those without compulsions being of the highest order in so far as they are least 'floridly' obsessional and have the greatest ego-strength and best prognosis. Those with yielding compulsions alone are the opposite in every respect. Those with controlling compulsions alone and those with both kinds of compulsions fall between the two extremes, and in that order. Such argument is well supported by the results of this study (Table III). Further research is needed to validate this prognosis-related hierarchical classification of compulsive phenomena.

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